## IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD 510 EAST 12<sup>TH</sup>, SUITE 1A DES MOINES, IA 50319

Fax: (615)281-4073 www.lowa.gov/ethics

Reset Form

lowa Code section 8.7 requires all gifts, bequests, and grants given to any department of the state of lowa or received by the Governor on behalf of the state be reported to the lowa Ethics and Campaign Disclosure Board and the Government Oversight Committee. The Board will provide a copy of this report to the Government Oversight Committee. This form is required to be filed within 20 days of receipt of the gift, bequest, or grant.

## FORM-GBG

Gift, Bequest, or Grant Information received by a department or accepted by the Governor on behalf of the state

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DEPARTMENT OR OFFICE	RECEIVING THE GIF	FT, BEQUEST,	OR GRANT:
DEPARTMENT OR OFFICE	LEOMAIIAO LUM OL	,	

ARTMENT OR OFFICE RECEIVING THE GIFT, BEQUEST, OR	
Child Advocacy Board me of Department or Office	
	n City, IA 50401
iling Address City,	State, Zip Code
66-295-5262 ea Code & Telephone No.	
NTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFICE:	
VIACT PERSON FOR RECIFIENT DESTRUCTION	
im Hennessey	
ime	Des Moines, IA 50319-0083
ucase Building, 4th Floor 321 B 12th Street ailing Address (if different from above)	City, State, Zip (if different from above)
im.hennessey@dia.iowa.gov	515-242-6392 Area Code & Telephone Number (if different from above)
nail Address	Area Code & Telephone Number (il dimote telephone
NOR OF GIFT, BEQUEST, OR GRANT:  Priends of Iowa CASA and ICFCRB	
ame	
ucas Building, 4th Floor 321 E 12th Street Des Moines, IA 50319-0083	\$1,000.00
ailing Address City, Stale, Zip Code	12/27/18 \$ 1,996.00
asiing Addition	Date of Gift, Bequest, or Grant Amount/Value*
515-281-7299	*value is defined as "fair market value" of item as determined by
rea Code & Telephone Number	receiving department or office. If no value mark "0.00".
shierri.ripperger@dia.iowa.gov	receiving apparations of the second
mail Address (optional)	
the second and purpose thereof.	
Provide a description of the gift, bequest, or grant and purpose thereof:	
Contract Labor	
Criteria to use this form:	A state Occasion on hobelf of the state
Receipt of any gift, bequest, or grant that is received by any department of	of the state or received by the Governor on behalf of the state.
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Crystal Engstrom affirm that the gift, bequest, or grant reporter	d above is accurate. I further affirm that the information concerning the true to the best of my knowledge.
or and assessment of the fair market value (if applicable) is correct and	true to the best of thy knowledge.
	10/07/10
C . 1 C 1-	12/27/18
Crystal Engstrom	Date